



BERNALILLO COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

Application for License of Massage Practice

I/we _____ do hereby make an application for a license to carry on the business of Massage Practice in the County of Bernalillo (outside the boundaries of any village or municipality), State of New Mexico.

ESTABLISEMENT _____

(Please Print)

ADDRESS _____ ZIP _____

(Please print physical & mailing address)

EFFECTIVE DATE _____ thru _____

I HEREBY CERTIFY THE FOLLOWING TO BE TRUE:

I the Licensee and/or employees of my organization are persons of good moral character and have never been convicted of a felony, or of a misdemeanor involving moral turpitude.

That the establishment meets the sanitary requirements established by Bernalillo County Ordinance 79-66.

That the Licensee and all employees in such establishment are at least eighteen (18) years old.

It is understood that where the establishment caters to both sexes, separate facilities, separate established hours or separate appointments shall be provided.

It is understood that every establishment shall display a sign which will readily identify the establishment.

That any person who practices massage within the above establishment posses a license to practice massage that may be required by the State of New Mexico and shall comply with any regulations promulgated by the State of New Mexico as they are from time to time published according to law and be a graduate of a Massage School approved by the AMERICAN MASSAGE THERAPY ASSOCIATION.

It is understood that each licensee shall furnish to the County Manger a list of all employees, and their home addresses. Such list shall be amended as changes occur.

That in order to operate this establishment we shall be open for inspection during business hours by the County Manager.

Name: _____

(Full name)

Date Birth: _____

Name of Immediate Physician: _____

Do you have any known diseases? _____

If so, what type _____

Have you ever been convicted of a crime in the State of New Mexico? _____

If so, when? _____

What were you convicted of? _____

Have you obtained a license from the State of New Mexico for "REGISTERED MASSAGE
THERAPIST?" _____ STATE NO. _____

Have you obtained a BUSINESS LICENSE from the Bernalillo County Clerks Office? _____

STATE OF NEW MEXICO
COUNTY OF BERNALILLO

Signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 19____.

Notary Public

My Commission Expires